

### PATIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### REFERRAL STATUS

New Referral       Dose or Frequency Change       Order Renewal  
 Is this the first dose?  Yes  No, date of last infusion: \_\_\_\_\_      Line type:  PIV  PICC  Port  Other

### DIAGNOSIS AND ICD-10 CODE

Autoantibody-Positive, Systemic Lupus Erythematosus (SLE)      ICD 10 Code: \_\_\_\_\_  
 Other: \_\_\_\_\_      ICD 10 Code: \_\_\_\_\_

### REQUIRED DOCUMENTATION

This signed order form by the provider       H&P and Clinical/Progress notes supporting primary diagnosis  
 Patient demographics AND insurance information       Labs and Tests supporting primary diagnosis  
 Pregnancy Test (if applicable)       ANA (anti-nuclear Ab) and/or anti-dsDNA Test Results

List Tried & Failed Therapies, including duration of treatment:

1)  
2)

### MEDICATION ORDERS

Initial dosing       Benlysta 10 mg/kg IV over 1 hour at week 0, 2, 4 then every 4 weeks thereafter\*\*  
 Benlysta \_\_\_\_\_mg IV over 1 hour at Week 0, 2, 4 then every 4 weeks thereafter

Maintenance dosing       Benlysta 10mg/kg IV over 1 hour every 4 weeks\*\*  
 Benlysta \_\_\_\_\_ mg IV over 1 hour every 4 weeks

Refills:  X 6 months       X 1 Year       Other: \_\_\_\_\_

\*\*Dose may be rounded to nearest vial size within +/-10%. TO PROHIBIT dose rounding check here

RN to manage VAD per company protocol and administer ordered therapy per manufacturer guideline  
 RN to access/start and deaccess/discontinue VAD as appropriate for therapy administration  
 RN to flush and lock VAD/CVAD per company protocol:

Other: \_\_\_\_\_

### PREMEDICATION ORDERS

Acetaminophen 650mg PO prior to infusion       Other: \_\_\_\_\_  
 Diphenhydramine 25mg PO prior to infusion       Other: \_\_\_\_\_

### EMERGENCY MEDICATIONS

Administer the following medications as needed for infusion-related reactions per company protocol:

**Adults (weight >40kg):**

Diphenhydramine 25mg-50mg PO  
 Diphenhydramine 25mg-50mg slow IV push over 2-5 mins  
 Acetaminophen 325mg-650mg PO  
 Methylprednisolone 125mg slow IV push over at least 5 mins as tolerated  
 Epinephrine 0.3mg IM/SQ, may repeat x1  
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive  
 Oxygen 1-6LPM continuous flow per nasal cannula or face mask, titrate to maintain SpO2 of 95-100% (AIC/AIS only)

**Pediatrics (weight <40kg): (may adjust with weight changes)**

Diphenhydramine 25mg PO  
 Diphenhydramine 25mg slow IV push over 2-5 mins  
 Acetaminophen 325mg PO  
 Methylprednisolone 40mg slow IV push over at least 5 mins as tolerated  
 Epinephrine 0.15mg (<30kg) or 0.3mg (>30kg) IM/SQ, may repeat x1  
 Sodium chloride 0.9% 500ml over 30-60 mins, may repeat x1 if hypotensive

### PRESCRIBER INFORMATION

Prescriber Name: \_\_\_\_\_ NPI Number: \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_  
 Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_